

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005906

FILED
Feb 19, 2009
Secretary of State

Entity Name: OAK HOLLOW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

675 KELLY GREEN
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 620921
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-3282355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SASSER, CAMILLE
573 KELLY GREEN ST.
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SASSER, CAMILLE
Address: 573 KELLY GREEN ST.
City-St-Zip: OVIEDO, FL 32765

Title: DS () Delete
Name: NASBY, JOHN
Address: 650 KELLY GREEN ST
City-St-Zip: OVIEDO, FL 32765

Title: DP () Delete
Name: WORTH, JAY
Address: 601 KELLY GREEN ST
City-St-Zip: OVIEDO, FL 32765

Title: DV () Delete
Name: WARRNER, INGRID
Address: 545 KELLY GREEN ST
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: WEIGHILL, TOM
Address: 675 KELLY GREEN ST
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMILLE SASSER

TD

02/19/2009

Electronic Signature of Signing Officer or Director

Date